

House Bill 354 General Fund Allocations and Purpose (thousands)

Section	Amount	State Agency	Subrecipient	Purpose
1	\$ 350.0	DOH	Developmental Disabilities Waiver	For supports and services to youth who are in residential treatment and the transition of those youth from residential treatment.
2	\$ 800.0	DOH	NMSU	To develop and implement an autism spectrum disorder diagnostic clinic for young children.
3	\$ 400.0	DOH	NMSU	For the development, implementation and evaluation of programs for youth and adults with autism spectrum disorder who have not been allocated developmental disabilities medicaid waiver supports and services.
4	\$ 250.0	DOH	NMSU	For the establishment and operation of a regional office on autism spectrum disorders.
5	\$ 1,000.0	DOH	UNM-CDD	For the development and implementation of diagnostic services for individuals who are over the age of twenty-one years and to fund autism spectrum disorder evaluations for children.
6	\$ 1,000.0	DOH	UNM-CDD	For development of a greater acuity of care in the state for inpatient hospitalizations, residential treatment and specialized group home services for individuals with autism spectrum disorder.
7	\$ 400.0	DOH	UNM-CDD	For the development, implementation and evaluation of programs for youth and adults who do not receive developmental disabilities medicaid waiver supports and services.
8	\$ 250.0	DOH	UNM-CDD	For the establishment of a regional office on autism spectrum disorder, to align all systems of care for individuals with autism spectrum disorder, for the center's assistance of individuals and families with autism spectrum disorder and for the analysis of autism spectrum disorder policies for recommendations to state agencies.
9	\$ 150.0	DOH	UNM-CDD	For research related to autism spectrum disorder and the establishment of a self-reported autism spectrum disorder registry.
10	\$ 400.0	CYFD	CYFD	To fund the development and implementation of a high-fidelity wraparound supports and services model for children and youth with autism spectrum disorder who have a high acuity of need.
Total	\$ 5,000.0			

FISCAL IMPLICATIONS

The appropriation of \$5 million contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of FY20 shall revert to the general fund.

DOH said the bill allocates \$4.6 million to DOH Developmental Disabilities Support Division (DDSD). It is estimated that 1 FTE will be needed to develop and administer the proposed contracts; ensure deliverables are met under these contracts; ensure alignment with existing ASD contracts with the UNM-CDD; and promote coordinated and strategically aligned ASD policies and service systems across state government. Cost estimate \$98,000 (salary and benefits).

NMSU said The only state funded diagnostic center for autism is located in Albuquerque at the Center for Development and Disability at the University of New Mexico (CDC UNM) that will get \$2.8M). With the quadrupled incidence of Autism, there is currently a two-year wait-time for diagnostic referrals and it is expected to increase to a lengthier wait-time in the future.

SIGNIFICANT ISSUES

CYFD provided the following:

The education of wraparound facilitators and additional providers in New Mexico will need to be expanded and experts will need to be identified to assure services are appropriate.

CYFD Behavioral Health Services would use these funds to deploy established wraparound trainers and coaches to identified providers of high fidelity wraparound. With these funds wraparound Facilitators and Family Peer Support Workers (FPSW) could ensure that prior to a youth or family leaving a residential treatment center or an inpatient acute setting the appropriate services are in place and will meet the needs of the individual and family. The funding will also support Wraparound services to be implemented with an individual with Autism Spectrum Disorder (ASD) prior to needing a higher acuity placement.

One of CYFD/BHS' strategic planks is that "Multi-system involved children and youth with complex behavioral health and substance use disorders will be served in their communities, have less system involvement and more social supports." A primary initiative under this plank is the implementation of high fidelity Wraparound statewide.

DOH provided the following:

According to the Centers for Disease Control (CDC) the prevalence of Autism Spectrum Disorder (ASD) is now 1 in 59 children (an increase from 1 in 150 in 2000) and occurs equally in all racial, ethnic, and socioeconomic groups. If the CDC prevalence is applied to the population of New Mexico, this would result in 28,900 individuals of all ages with ASD.

Currently DDSD contracts with the UNM-CDD for \$2.8 million for: training and technical assistance; consultation, coaching and intervention; family support and resources; ASD diagnostic evaluations; increasing community capacity to provide evidence-based services – especially in rural counties; and outreach and information for parents and the general public. Additional related contracts with UNM-CDD include: \$100K for training and technical assistance for Family Infant Toddler (FIT) Program staff and families for children under age 3 with ASD; and \$1.2 million to the Early Childhood Evaluation Program for diagnostic evaluations that include diagnostic evaluations for ASD.

Many of the recommendations in HB354 are the result of work by a task force formed in response to House Memorial 51 and Senate Memorial 79 from 2017, which developed the 'Action Plan to Meet the Needs of Youth and Adults in New Mexico with Autism Spectrum Disorder'. The HM51/SM79 report was finalized in May 2018 and was presented to the Interim Legislative Health & Human Services Committee in October 2018. The full report of the task force is:

<https://nmlegis.gov/handouts/LHHS%20082218%20Item%2014%20Autism%20Spectrum%20Disorder%20Action%20Plan.pdf>

While HM51/SM79 looked at the needs of youth and adults with ASD, New Mexico has no comprehensive strategic plan to address a lifespan look at the service and support needs for people with ASD and their families. Because services are provided across several state agencies (NMDOH, Human Services Department, Children, Youth and Families Department, and the Public Education Department) a comprehensive ASD strategic plan would be beneficial. A number of states have state plans for ASD and/or standing ASD advisory councils, see [‘State of the States of Services and Supports for People with ASD \(2014\)’](#), funded by the Centers for Medicare & Medicaid Services (CMS).

The following is a DOH analysis of each of the proposed projects:

- 1) *\$350,000 for ‘allocation of developmental disabilities medicaid waiver supports and services to youth who are in residential treatment and the transition of those youth from residential treatment.’* The bill’s language does not address ‘expedited allocations’ and therefore these allocations would be subject to the rules for the DD waiver allocations, which are made on the basis of registration date. This appropriation targets a specific group of individuals, which would conflict with the current waiver agreement with CMS and create an exception to NMDOH policy. This would create a disparity for those individuals who have been on the wait list for years and possibly make the department vulnerable to litigation. An appropriation of \$350,000 would serve approximately 13 individuals for one year at the projected FY19 cost per person of \$92,209, with the state share equaling \$25,219.

NMDOH would not be able to fully utilize the appropriation as there are significant requirements an individual must fulfill between the time they receive an allocation notification and receipt of services. Therefore, funds should not revert.

- 2) *\$800,000 to ‘contract with NMSU to develop and implement an autism spectrum disorder diagnostic clinic for young children.’* There is currently a waiting list to receive an ASD diagnostic evaluation and therefore this appropriation could impact that wait. The diagnostic clinic should be available for all children and adults not just “young children”.
- 3) *\$400,000 to ‘contract with the NMSU for the development, implementation and evaluation of programs for youth and adults with autism spectrum disorder who have not been allocated developmental disabilities medicaid waiver supports and services.* It is not clear whether the intent is for these services to be provided directly by NMSU or contracted with community provider agencies. It is also not clear whether the expectation is for services to be provided only in Doña Ana County or in all counties in the southwest and southeast regions of the state.
- 4) *\$250,000 to ‘contract with the NMSU for the establishment and operation of a regional office on autism spectrum disorders.’* The bill does not define the region to be served or the duties of the office.
- 5) *\$1,000,000 to ‘contract with the University of New Mexico, Center for Development and Disability (UNM-CDD) for development and implementation of diagnostic services for individuals who are over the age of twenty-one years and to fund autism spectrum disorder evaluations for children.’* There is currently a waiting list to receive an ASD diagnostic evaluation and therefore this appropriation could help reduce or eliminate that wait. Services

should be coordinated with NMSU, which would receive \$800,000 under HB354 to do the same work.

- 6) \$1,000,000 to ‘contract with UNM-CDD for development of a greater acuity of care in the state for inpatient hospitalizations, residential treatment and specialized group home services for individuals with autism spectrum disorder.’ HB354 is unclear regarding the expected outcome or scope of work for this funding.
- 7) \$400,000 to ‘contract with UNM-CDD development, implementation and evaluation of programs for youth and adults who do not receive developmental disabilities medicaid waiver supports and services.’ It is not clear whether these services would be provided directly by UNM-CDD or contracted with community provider agencies. It is also not clear whether the expectation is for services to be provided just in Albuquerque / Bernalillo County or in all counties in the Metro, Northwest and Northeast of the state.
- 8) \$250,000 to ‘contract with UNM-CDD for the establishment of a regional office on autism spectrum disorder, to align all systems of care for individuals with autism spectrum disorder, for the center's assistance of individuals and families with autism spectrum disorder and for the analysis of autism spectrum disorder policies for recommendations to state agencies.’ It is unclear why a ‘regional’ office is required. The defined geographical area of such a regional office is also unclear. The UNM-CDD is New Mexico's University Center for Excellence in Developmental Disabilities Education, Research and Service, authorized by the Developmental Disabilities Assistance and Bill of Rights Act to build the capacities of states and communities to respond to the needs of individuals with developmental disabilities and their families. The UNM-CDD is one organization in the Association of University Centers on Disabilities Research, Education and Service (AUCD) and receives core funding from the [Administration on Intellectual and Developmental Disabilities](#). Combined with the funding for ASD training, outreach, and family support from DDS, the UNM-CDD could be a statewide ‘New Mexico ASD Resource Center’.
- 9) \$150,000 to ‘contract with UNM-CDD for research related to autism spectrum disorder and the establishment of a self-reported autism spectrum disorder registry’. The bill provides no direction regarding the type of research to be funded.

UNM-CDD provided the following:

Outcomes are worse when compared to individuals with either an intellectual disability or serious mental illness (Young Adults & Transitioning Youth with ASD, 2017 report to Congress) Young adults with ASD are:

- More likely to have chronic health or mental health conditions
- Less likely to be able to manage and develop friendships
- Less likely to prepare for college and employment
- Less likely to live independently away from parents
- More likely to receive SSI
- Less likely to have ever worked in their 20s
- Less likely to have ever participated in postsecondary education or training of any kind.

Increased diagnostic capacity is critical. Wait lists for evaluations vary but can be as long as 2 years. Funding is necessary to support increased capacity; this will reduce wait time

for families. The establishment of a southern hub will insure that children will receive timely diagnostic evaluations closer to their home. Another critical need is for the development of diagnostic services for adults with suspected ASD. Adults are often misdiagnosed and there is a need to develop capacity in our state for this age. For UNM-CDD it is estimated that an additional 250 evaluations could be completed (both children and adult)

As the prevalence of ASD rises, differences have been noted in the population. Currently, approximately ½ of individuals with ASD will have typical IQs and skills that preclude them from qualifying for DD waiver services. These individuals, while not having an intellectual disability may still have functional deficits that interfere with success in post-secondary school settings and/or employment. Other states have recognized this and have developed specific programs to assist individuals with ASD to succeed in these areas; funding in this area will allow New Mexico to develop ASD specific supports and services to allow for successful post-secondary education as well as employment.

New Mexico still has a number of young people with ASD who are in residential treatment out of state. If inpatient, residential and specialized group homes are developed here, more of our New Mexicans will be served in this state without the need for costly out of state placements.

A volunteer registry would allow New Mexico to better plan for individuals with ASD in terms of services and supports. Agencies throughout the state have information regarding the numbers of individuals with ASD, they serve, e.g. the NM PED. There has not been an attempt to develop a voluntary registry that allows New Mexico to plan for the needs of their citizens with ASD. Along with the registry, regional offices of ASD could coordinate care, avoid duplication of efforts, and make policy recommendations.

CYFD has developed evidenced based high fidelity wrap around services and supports for individuals with behavioral health issues; this model has produced positive outcomes. The allocation to CYFD to expand and develop this model for individuals with ASD would support those individuals with the most challenging behaviors. This process could be applicable to the ASD population with the same positive outcomes.